								İ	Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD									1 /			
Effect October 1, 2003 10/5/935 9												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
٦	OTAL CLAIM		(Colum	ın 1)	(Col	(Column 2)				OF		ENTITY
TOTAL CLAIMS								RATE	FEE	_	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	OR	BASIC FE	E ·
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		•			X43=		OR	X86=	
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT				Ì	+145=		OR	-290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	٠.	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	THAN
	(Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR'	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE /		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	- 2	Û			XS 9=	1 /	OR	XS18=	
	Independent	. 2	Minus	***	3	E	-	X43=	1/	OR	X86=	/
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 			 /
							L	+145=	1/	OR	+290=	
								TOTAL DOT. FEE	17.	OR .	TOTAL ADDIT. FEE	<u> </u>
		(Column 1)		_		/	_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••				X\$ 9=		OR	X\$18=	
	Inoependent		Minus	404	·	=		X43=		OR-	X86=	
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+145=		OR	+290=	
								TOTAL			TOTAL	
		(0-1 1)		AC	OOT. FEE	L		ADDIT. FEE	-			
F		(Column 1) (Column CLAIMS HIGHES			ST	(Column 3)	┧┌		ADDI-			ADDI-
AMENDMENT C		REMAINING . AFTER AMENDMENT	•	NUMBI PREVIOL PAID FI	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
<u>S</u>	Total	•	Minus	••		=	Г	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••		=		X43=			X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT (MIAL		-			OR		
									_	OR	+290=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ** ADDIT. FEE ADDIT. FEE ADDIT. FEE												
		nber Previously Pai ber Previously Paid					tound	in the ap	ocopriale box	in colu	mn 1.	.

FORM PTO-875 (Rev 10:03)

Guest and Trademark Office at S. DEPARTMENT OF COMMERC